2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 2002

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90086 034 ***150.00

DOCUMENT # P01000069909

1. Entity Name

Total Health & Fitness Professionals, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14856 Indigo		14856 Indigo	
Suite, Apt. #, etc. Lakes Cir.		Suite, Apt. #, etc. Lakes Cir.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34119	Country	Zip 34119	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2334998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Richard A. Campanella

Street Address (P.O. Box Number is Not Acceptable)

14856 Indigo Lakes Cir.

City NAPLES FL Zip Code 34119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P,S	TITLE	
NAME	RICHARD CAMPANELLA	NAME	
STREET ADDRESS	14856 Indigo Lakes Cir.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE	VP,T	TITLE	
NAME	TERRY CAMPANELLA	NAME	
STREET ADDRESS	14856 INDIGO LAKES CIR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #